


Slide 1

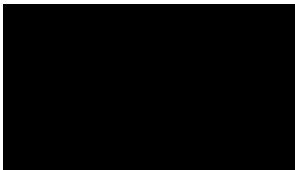
Promoting Mentalising in School Psychology Contexts

Dr Lynn Priddis
l.priddis@ecu.edu.au



Slide 2

Little Britain




Slide 3

Attachment theory

One or a few significant “others” in the child’s world become “attachment figures who must provide essential functions for the mental health of the infant.

Parents who can mentalize for their children tend to have children who are securely attached.



Slide 4

Essential for later mental health

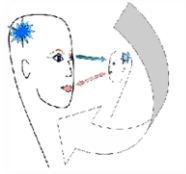
Infants must feel "safe".
Any rising affective arousal
must be expressed,
recognized and soothed
by a calming caregiver
repeatedly .
Feeling understood is a
significant contributor
to self regulation.



Slide 5

Internal Working Model (IWM) of the self

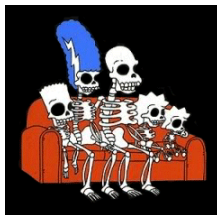
How available our AF is builds
our IWM of our self.
Our IWM's develop from how
acceptable or unacceptable
we felt as a child in the eyes of
our main caregiver.



Slide 6

Implications for teachers /parents

"The infant hero
can suffer shame
if submitted to
the dull gaze and
tuneless voice of
indifference,
even if kept
warm and well
fed
(Trevarthen)



Slide 7

Perry (Child Trauma Institute)					
Ages	30 ← 15	15 ← 8	8 ← 3	3 ← 1	1 ← 0
Developmental Stage	Adult Adolescent	Adolescent Child	Child Toddler	Toddler Infant	Infant Newborn
Primary secondary Brain Areas	Neocortex Somatosensory	Subcortical Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Spinal cord
Cognition	Abstract	Concrete	"Emotional"	Reactive	Reflexive
Mental State	CALM	AROUSAL	ALARM	FEAR	TERROR

Slide 8

Relevance of Mentalizing

- Children
- Families
- Therapists/
Psychologists
- Schools

Slide 9

Shane Koyczan

Slide 10

Mentalizing

Mentalizing refers to the capacity to perceive and understand oneself and others in terms of mental states ie feelings, thoughts, beliefs, intentions and desires. It also refers to the capacity to reason about one's own and other's behaviour in terms of these mental states (Fonagy, 2005).

Slide 11

Other definitions

- ▣ Fonagy: Holding mind in mind
- ▣ Holmes: Seeing yourself from the outside and others from the inside.
- ▣ Jon Allen: A form of imaginative mental activity.....
- ▣ Nussbaum: Emotional knowing



Slide 12

Mentalizing

- Is a developmental achievement
- Depends on quality of attachment relationships
- Depends on affect mirroring
- Attachment disruption and trauma have potential to disrupt mentalizing development
- Has both "state" and "trait" dimensions
- Failure of M is implicated in BPD

Slide 13

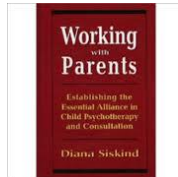
Conceptual cousins

component	Mindfulness	Psychological mindedness	Empathy	Affect consciousness
Implicit	No	No	yes	No
Explicit	Yes +	yes	yes	yes
Self oriented	Yes +	yes	minimal	yes
Other oriented	No	minimal	yes	yes
Cognitive/affect	Cog-affect	Cog-affect	Affect<cog	Affect<cog

Slide 14

Mentalizing with parents

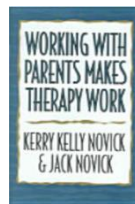
- Working alliance with parents is crucial to working with children
- Often parent and therapist have subtly competing agendas'
- Aim to engage parental capacity for reflective functioning in relation to their children



Slide 15

Mentalizing with parents

- Hold the child in mind
- Know our own minds
- Invite parents to participate
- Hold the parent in mind
- Model the reflective stance
- Work at a level the parent can manage
- Flexibility



Slide 16

The Mentalizing stance

- The Naïve Enquirer
 - Ordinary
 - Non expert
 - Tentative
 - Does not assume
 - Flexible
 - Imaginative



Slide 17

What does RF look like?

- Awareness of the nature of mental states
- An explicit effort is made to understand what is going on in the mind that underlies behaviour
- Recognition that child's or parental understanding of the world changes over time ie it is developmental
- It is spontaneous and shows awareness that the listener might have a separate experience

Slide 18

The Parent Development Interview

- ▣ Assesses parental representations of the child and of the parent-child relationship
- ▣ Designed for parents whose children are aged infancy to adolescence
- ▣ 40 Questions takes 60- 90 minutes



Slide 19

PDI Questions

- View of the Child
- View of the Relationship
- Affective experience of parenting
- Parental Family History
- Dependence /Independence
- Separation/Loss
- Looking behind /ahead



Slide 20

Parenting associated with ToM

- Disciplinary strategies focus on mental states
- Ability to tolerate negative affect
- Depth of parental discussion involving affect
- Transactional model



Slide 21

Mentalizing with children

Useful for vulnerable children who have an unstable sense of self and others

Where there is relational dysfunction as in disorganised attachment

Where the child has poor self esteem, affect regulation, impulse control, social relationships



J. E. Verheugt-Pleiter, Jolien Zevalkink, Marcel G. J. Schmeets - 2008

Slide 22

Mentalizing with children

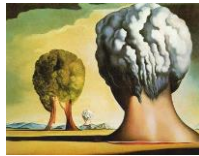
- Works in the here and now of the relationship
- Meets the child at his/her own developmental level
- Give reality value to inner experiences



Slide 23

Mentalizing interventions look:

- Simple , easy to understand
- Affect focused with cognitive balance
- Actively engages other person
- Focus is on mind rather than behaviour
- Relate to current events
- Make use of therapist mind as a model



Slide 24

Mentalizing Interventions

- To do anything well, you must have the humility to bumble around a bit, to get lost... to lose the fear of not looking capable..



Slide 25

The Mentalizing Construct

Multi dimensional nature
has 4 poles

1. Automatic – controlled
2. Internal – external
focused
3. Self – other oriented
4. Cognitive – Affective
process
5. Work towards balance in
all poles

Slide 26

Bateman Demonstration MBT

Slide 27

Promoting mentalizing in schools: Back off Bully

Peaceful Schools (Stuart Twemlow; Peter Fonagy; Frank Sacco et al , The Menninger Clinic)

Behaviour problem conceptualised as a problem for the whole class who participate in bully, victim or bystander roles .

Slide 28

Mentalizing Psychoeducation

- In keeping with the concept MBT-I is explicit and runs for 12 sessions
 - Aims to inform clients about mentalizing and BPD
 - Prepare clients for long term treatment
 - Assist in diagnosis and assessment
- Group leader manages the group in a mentalizing way

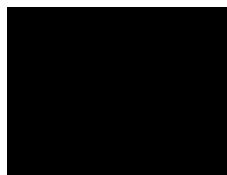
Slide 29

Mentalizing psycho-educational activities

- Discuss your typical reaction when you feel let down, misunderstood, overlooked by someone who is close to you
- Describe a time you felt really anxious
- Think about a time when other people have had a calming effect on your anxiety
- Think about a time when approaching someone to help you didn't help – what are your thoughts about why this failed.

Slide 30

Stuart Twemlow



Slide 31

Implications for Intervention

- Research indicates that mentalisation or reflective functioning (RF) lies at the heart of psychological resilience.
- Childhood experience accounts for the extent to which an individual naturally engages in RF. However, it appears possible through intervention to improve this capacity.
- It is important for anyone working with teacher-child relationships and parent-child relationships to hold everyone's "mental states in mind"

Slide 32

Therapeutic environments

- Strengthen relationships by helping parents/teachers mentalize in relation to the children.
- Stress converts to trauma when it "is undergone alone"
- Mentalisation whole School intervention to improved classroom behaviour and reduced aggression



Slide 33


What mentalizing looks like in families/classrooms

- Language is tentative, respectful and doesn't claim inside knowledge of another's mental state.
- Shows curiosity about other's attitudes
- There is an expectant attitude that understanding will be elaborated by what is on another's minds
- Flexible in thinking and not stuck on one point of view.
- Playful, use gentle humour
- Problem solving is give and take

Slide 34

What children need

- Young children want to make sense of their lives, to matter, to be enjoyed
- Parents/ teachers who have space and capacity to think and reflect.
- Parents/teachers who have learned to see non-verbals and play as meaningful and intentional

A painting showing a child and an adult sitting on a windowsill, looking out a window. The child is on the left, and the adult is on the right, pointing towards the window. The scene is dimly lit, with light coming from the window.

Slide 35

- Trained clinicians can pick up infants and children at risk for later mental health issues
- Trained therapists can work with parents and infants/children to prevent intergenerational transmission of disorganised attachment patterns

A painting of a person in a small boat on a body of water. The person is looking out at a large, dark, rocky structure in the distance. The sky is a mix of purple and blue.

Slide 36

Mentalizing References

- Allen, J. G., Fonagy, P., & Bateman, A. (2008). *Mentalizing in Clinical Practice*. Washington DC: American Psychiatric Publishing.
- Bateman, A., & Fonagy, P. (Eds.). (2012). *Handbook of Mentalizing in Mental Health Practice*. Washington, DC: American Psychiatric Publishing Inc.
- Bateman, A., & Fonagy, P. (Eds.). (2012). *Handbook of mentalizing in clinical practice*. Arlington, VA: American Psychiatric Publishing.

Slide 37

Parental Reflective Functioning

- Cassidy, J., & Shaver, P. R. (Eds.). (2008). *Handbook of attachment: Theory, research, and clinical applications (2nd ed.)*. New York: Guilford.
- Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development*, 7(3), 269-281.
- Slade, A. (2006). Reflective Parenting Programs: Theory and Development. *Psychoanalytic Inquiry*, 26(4), 640.

Slide 38

- Shai, D., & Belsky, J. (2011). When words just won't do: Introducing Parental Emodied Mentalizing *Child development perspectives*, 0(0), 1-8
- Howieson, J. A., & Priddis, L. E. (2012). Mentalization in Mediation: towards an understanding of the mediation shift. . *Australasian Journal of Dispute Resolution*.
- Priddis, L. E., & Wells, G. (2010). Improving parent-infant relationships: An innovative group approach to working with families within a community setting. *Journal of Neonatal and Pediatric Child Health Nursing*, 13(3), 20-24.

Slide 39

Theory of Mind (Baron-Cohen)

- *Maxi is helping his mother to unpack the shopping bag. He puts the chocolate into the GREEN cupboard. Maxi remembers exactly where he put the chocolate so that he can come back later and get some. Then he leaves for the playground.*
- *In his absence his mother needs some chocolate. She takes the chocolate out of the GREEN cupboard and uses some of it for her cake. Then she puts it back not into the GREEN but into the BLUE cupboard. She leaves to get some eggs and Maxi returns from the playground, hungry.*
- *Test Question: "Where will Maxi look for the chocolate?" (Perner, 1991)(p. 179)*
